2015 California Trauma Summit

# The California Trauma System 2015: *Status & priorities*

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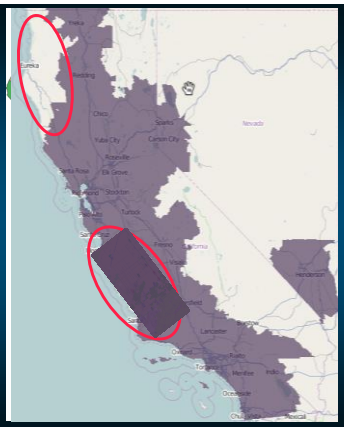
## Primary goals of the CA trauma system

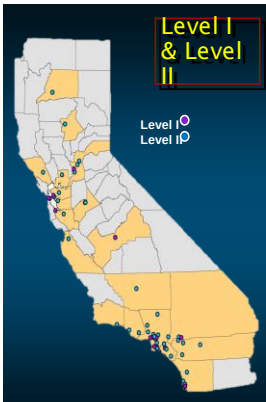
- Providing timely access to trauma care throughout the 'system'
- Promoting the delivery of optimal trauma care throughout the continuum
- Improving community health & wellness

## The State system: Where are we? What's next?


## Filling in the holes

- North Coast
  - No LII or LIII centers still…
- Central Coast
  - Marian MC (Santa Barbara) L III
  - Natividad (Monterey) LII
- South
  - Cottage SB – Pedi LII
- North
  - Kaiser Vacaville upgrade LII
  - San Joaquin County – L III



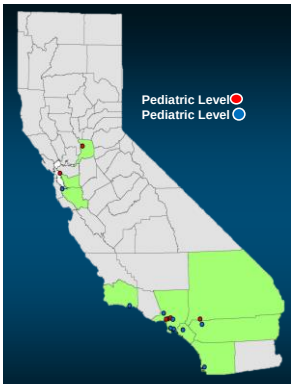



## Level I & Level II

- 13 Level 1 Adult Centers
- 38 Level 2 Adult Centers
- 12/13 Level 1 Center are verified by ACS
  - Loma Linda still pending
- 28/38 Adult LII centers are ACS verified. Not verified:
  - Desert Regional
  - Eden Med Cen
  - HM Newhall
  - Kern County
  - Long Beach Memorial
  - Mercy Med Cen Redding
  - Memorial Modesto
  - Riverside Community
  - SW Healthcare, Wildomar


## Level III & Level IV

- 13 Level III Centers
- 10 Level IV Centers
- 3/14 Level III centers are verified by the ACS:
  - Marin General
  - Marshall, Placerville
  - Rideout Memorial
  - Northbay, Vallejo (LII)



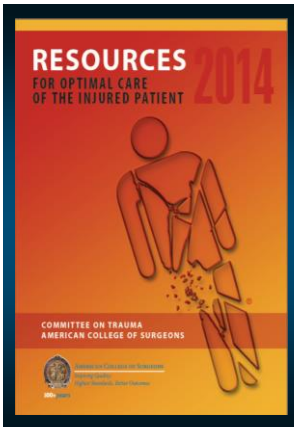

## Pediatric Centers

- 6 Level I Pedi Centers
- 10 Level II Pedi Centers
- 5/6 Level I Pedi Centers verified by ACS
  - Loma Linda pending
- 3/10 Level II Pedi center verified by ACS:
  - Santa Clara Valley
  - UC Irvine
  - Santa Barbara Cottage

## Topics

- The California Trauma Plan 2014/2015
- Roll-out of the 2014 'Optimal Resources' manual from the ACS-COT
- Regional network development – why this is important
- System-oriented performance improvement
- Data – making use of the State Trauma Registry
- Evaluating our current system: role of the ACS


- ~40 pages, 7 appendices
- Lots of comments & adjustments
- Originally scheduled for EMS Commission Dec '14
- Continues to be under under review at HHSA




## Highlights…

- Requirements for LIV
- New requirement for diversion & transfers
- OPPE for trauma panel
- defined response for all trauma admissions
- 30" n. surg reponse
- In-house anesth for LI and LII centers
- tracking over/under triage (PI)
- risk-adj. benchmarking

## Regional network development

- Regional network: The basic unit of a trauma system
- Anchored by LI or LII center, referring LIII, LIV, NTCs – all participating in system
- Unified field triage guidelines tailored to regional network
- Utilizes system of 'managed' re-triage
- Utilizes regional cooperative agreements
- All hospitals participate in regional PI

## Tale of two regional networks:

- 66 y/o F, MVC. Admitted to NTC, c/o chest pain. CXR wide mediastinum. Delay in CT. CT = blunt aortic injury. BP 180/90. Calls made to several hospitals. Distant LI finally agreed to accept. 4+ hour delay in transport. Arrived in extremis almost 7 hrs. after injury => expired.
- 77 y/o M, fall from roof. Admitted to NTC c/o chest pain. No delay in CT scan – aortic tear at aortic root. BP controlled w/ beta-blockade. Immediate transport to network LI center. Direct to OR => survived w/o complications.

## Managed re-triage

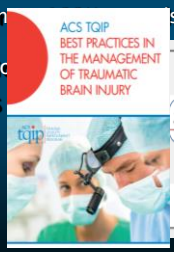
- Under triage is inevitable:
  - occult injury, errors, logistics, geography, etc.
- Goal of 5% under-triage laudable but not practicable in some areas
- System must minimize impact of under-triage
  - Trauma Center outreach / education
  - Practice management guidelines for assessment & rx.
  - Communication & information transfer
  - Regional co-op agreements
  - Regional system & case-based P.I.

## Comprehensive Regional Co-op agreements

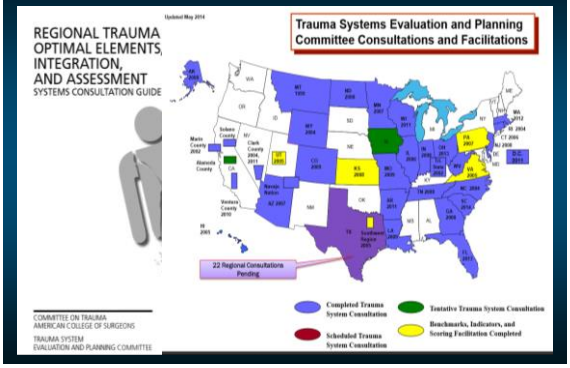
- Confidentiality, indemnification, etc.
- Notifications
- Clinical re-triage guidelines
- Conditional 'no-refusal'
- Information sharing & participation in P.I.
- Repatriation
- Reimbursement
- Outreach (CME, PMGs, tele-med, etc.)

## System-oriented PI

- Access to care metrics
- Comparative TC outcomes analysis (TQIP)
  - 67/77 centers reportin s/1+ years
  - mortality & complicatio
- Case-based analysis
- Process standards




## External Trauma System Evaluation




## Title 22: Time for revision…

- Mandatory plan for trauma system ?
- Population-based restriction ?
- Assuring timely access-to-care ?
- Improve cohesiveness: State & local plans ?
- Improve data consistency & capture ?
- Enhanced trauma center assessment
  - *Required (ACS) verification for LI & LII centers ?*
- Enhanced trauma center P.I. requirements
- Participation requirements for NTCs ?
- Facilitated transfer (re-triage) of patients ?

## Tomorrow: Summit "work group" focus

- Utilization of CEMSIS, TQIP
- Alignment of State and local Trauma Plans
- Methods & process for revision to Title 22
- Integrating pediatric trauma care

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# The California Trauma System 2015
## *Status & Priorities*

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